

**SANTA FE COUNTY MAGISTRATE DWI DRUG COURT  
CONSENT FOR THE RELEASE OF CONFIDENTIAL  
ALCOHOL OR DRUG TREATMENT INFORMATION**

I, \_\_\_\_\_, do hereby authorize the, (1) Santa Fe County Magistrate DWI Drug Court Judge, (2) Santa Fe County Magistrate DWI Drug Court Coordinator, (3) Contracted Treatment Provider(s), (4) Appointed Assistant District Attorney, (5) Appointed Public Defender, (6) Law Enforcement, (7) Probation and Parole, 8) DWI Program Staff; to disclose and communicate to one another in the capacity as the "Drug Court Team," the following information:

- My name and other personal identifying information;
- Information regarding my screening, admission, intake assessment, past, or present substance abuse;
- Past, or present criminal history, or any new criminal activity;
- Educational, training or employment related history;
- Any medical or mental health problems, past or present, including suicide ideation, which may effect my program participation, or which may require further treatment, or diagnosis;
- All drug screening attendance and results;
- My participation, disciplinary problems and attendance in required programming;
- Any program treatment or supervision modifications;
- Any information regarding my progress and compliance with the Drug Court Program;
- Any behavior which may jeopardize my continued program participation, or that which may effect the participation of any other program participant;

The purpose of these disclosures authorized herein is to enable the recipients of the information to evaluate my eligibility, or continued eligibility, and/or to assess my treatment, or supervision requirements, and to determine my ability to participate in the DWI Drug Court Program.

Date: \_\_\_\_\_ Participant: \_\_\_\_\_

If for any reason I am terminated from the Santa Fe County Magistrate Court DWI Drug Court Program for failing to comply with the program conditions, or rules and regulations, the details leading to this termination may be re-disclosed to probation authorities, law enforcement, or defense counsel. *Including the Magistrate Court criminal judge of record.*

Date: \_\_\_\_\_ Participant: \_\_\_\_\_

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be re-disclosed to any other party without my written consent unless otherwise provided for in the regulations. I also understand that this consent is irrevocable by me, and expires automatically upon my discharge or termination from the Santa Fe County Magistrate DWI Drug Court Program.

Date: \_\_\_\_\_ Participant: \_\_\_\_\_

I also understand that as a participant in the DWI Drug Court Program, I am required to appear before the DWI Drug Court Judge as scheduled, or required. This appearance is conducted in closed court and in the presence of other DWI Drug Court participants.

Date: \_\_\_\_\_ Participant: \_\_\_\_\_

Date: \_\_\_\_\_ DWI Drug Court Coordinator: \_\_\_\_\_

Conditions Permitting Disclosures: a) internal communications, need to know; b) no patient-identifying information; c) proper consent; d) qualified service organization agreements; e) medical emergency; f) research/audit; g) court order; h) crime against program premises or personnel; i) reporting suspected child abuse and/or neglect.